

Notice: You may use this form to request a determination from the Department of Natural Resources if an activity or location qualifies as exempt from Chapter 30 permit requirements. Personally identifiable information included on this form will be used to contact you and is not intended to be used for other purposes. It may also be made available to requesters under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Mail or Fax completed form to the address listed above.

Requester Information

Name	Phone Number	E-mail Address
Mailing Address		City, State and ZIP

Activity (if your project is not one of the following or is located in a wetland, submit a permit application)

<input type="checkbox"/> Biological shore erosion control structure	<input type="checkbox"/> Fish habitat structure	<input type="checkbox"/> Pier or wharf
<input type="checkbox"/> Boat shelter, boat lift or boat hoist	<input type="checkbox"/> Intake or outfall structure	<input type="checkbox"/> Riprap replacement
<input type="checkbox"/> Culvert replacement - previously permitted	<input type="checkbox"/> Manual dredging	<input type="checkbox"/> Pilings
<input type="checkbox"/> Culvert replacement - up to 24" diameter	<input type="checkbox"/> Seasonal structure	<input type="checkbox"/> Riprap repair
<input type="checkbox"/> Dry fire hydrant	<input type="checkbox"/> Wildlife habitat structure	<input type="checkbox"/> Minor deposit/dredging

Site Description

Property Owner Name (if different)		Mailing Address (if different)		Property Phone Number	
Gov't Lot #	1/4 / 1/4	Section	Township	Range E / W	County
			N	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of _____	
Property Address and Directions					

Project Description of Proposed Activity

Name of Waterbody (or description if unnamed)			<input type="checkbox"/> Lake	<input type="checkbox"/> Stream / River
Dimensions of the Project, Activity or Disturbance		Latitude: (if available)		Longitude: (if available)
Length _____	Width _____	Height/Depth _____	DEG MIN SEC N	DEG MIN SEC W
Detailed Project Description & Purpose (use attachments if needed)				

Materials to be used	Equipment to be used	Installation Date
		<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal

Certification and Consent

As the property owner, I hereby give the Department consent to enter and inspect the site, and understand that the Department may visit the site and will make a determination within 15 days. If not the property owner, I understand that the Department cannot access the property without permission, and is not required to complete the determination within 15 days.

Printed Name	Signature	Date Signed
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DNR Use Only

Date Received	Date of Site Inspection	Docket Number	Date Requester Notified
Determination:		If not exempt, the reason:	
<input type="checkbox"/> Exempt if rule standards are met	<input type="checkbox"/> Area of special natural resource interest	<input type="checkbox"/> Potential significant adverse impacts	
<input type="checkbox"/> General Permit Required	<input type="checkbox"/> Public rights features	<input type="checkbox"/> Potential environmental pollution	
<input type="checkbox"/> Individual Permit Required	<input type="checkbox"/> Jurisdictional determination	<input type="checkbox"/> Potential injury to riparian rights	
DNR Staff Name	Signature	Date	